U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

5. Position in labor organization. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including toans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Signature Signature	O ADDA				
1 1 2004 Through: 12 31 2004	1. File Number U - 000=106	2. Fiscal Year Covered From:			
Name Michele J J Calton Name AFL-CIO		1 / 1 / 2004 Through: (12 / 31 / 2004			
Labor Organization File Number 000_106 P.O. Box, Bldg. Room No., if any Street 1003_Rosemere_Avenue Street 815_16th_Street, NW City Silver_Spring State Maryland ZIP Code + 4_20904_3008 State DC ZIP Code + 4_20006_410 5. Position in labor organization. Office Administrator Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (final plans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name	3. Name and address of person filing.				
P.O. Box, Bildg., Room No., if any Street	Name Michele J J Calton	Name AFL-CIO			
Street 1003_Rosemere_Avenue Street 815_16th Street, NW City Silver Spring City Washington State Maryland ZIP Code + 4 20904_3008 State DC ZIP Code + 4 20006-410 5. Position in labor organization. Office Administrator Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other commic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of interest, Transaction, or income. 7.b. Armount. Street Signature		Labor Organization File Number 000–106			
City Silver Spring State Maryland.	P.O. Box, Bldg., Room No., if any				
State Maryland ZIP Code + 4 20904 – 3008 State DC ZIP Code + 4 20006 – 410 5. Position in labor organization. Office Administrator Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any T.a. Amount. Street Signature	Street 1003_Rosemere_Avenue	Street 815 16th Street, NW			
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Name Trade Name, if any: P.O. Box, Bldg., Room No., if any T.b. Amount. Street City State ZIP Coce + 4 Signature	monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Trade Name, if any: [P.O. Box, Bldg., Room No., if any	Name				
P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City State ZIP Coce + 4 Signature					
Street 7.b. Amount. City State ZIP Coce + 4 Signature	Trade Name, if any:				
Street City State ZIP Coce + 4 Signature	P.O. Box, Bldg., Room No., if any	7 h Amount			
State ZIP Coce + 4 Signature	Street	7.9. Amount			
State ZIP Coce + 4 Signature					
Signature	City				
	State ZIP Coce + 4				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knawledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed	Signed Mchell Cally	The state of the s			



Name of Person Filing	Michele	J.	Calton
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File Number **U-000-106**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Hotel Royal Plaza Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1905 Hotel Plaza Boulevard City Lake Buena Vista State Florida ZIP Code + 4 32830-8438] 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: \[\begin{align*} a			
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. One ticket and parking pass to Virginia Gold Cup steeplechase races with access to hospitality tent with food and drinks. (October 2004)			
	12.b. Amount. [\$130.00			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State I ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			